



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

1/2/2015

Imelda Collins
162 W. 3 drive Northwest
Cedar Rapids IA 52405

Dear Mel,

This letter is in regards to the compliance check of your Level A, Registered Child Development Home completed on 12/16/14. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

Issues are: you had bug cleaning chemicals sitting out in the lower level also antifreeze those need to be moved and placed out of reach of children.

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

Need numbers posted by phone or in cell phone. The numbers for the children need to be updated as you have some new children. As of January 15 you will be required to again have the numbers posted in the home. You may continue to have them in your cell phone but that will not be required.

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You had medications, poisonous, toxic or otherwise unsafe materials within access of children. These need to be in a location with secured access from children. This refers to the antifreeze and bug chemicals along with the clean supplies under the kitchen sink. You may obtain a child safety device for the items underneath the kitchen sink.

☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need at both the primary and secondary exits.**

☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. **Need the required details.**

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. **Need to do drills and document monthly**

☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.

Need one in the following room: living room

☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. **Need to test and document the testing monthly. Not document the testing since August 2014.**

☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov. **Need on the all doors and vehicle you transfer children. Suggest you contact CCRR and ask for their window clings.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need and on the new form for yourself and all household members. I did leave a copy of the new form with you.**

☐ 110.5(2)d An individual file is maintained for each substitute and contains: : **Need to have your substitute provider approved and maintain a file on them.**

☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396. **Need to have your substitute provider approved and maintain a file on them.**

☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643 **Need to have your substitute provider approved and maintain a file on them.**

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. : **Need to have your substitute provider approved and maintain a file on them.**

☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. **Need to have your substitute provider approved and maintain a file on them.**

☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR. **Need to have your substitute provider approved and maintain a file on them.**

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes**. Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

- ☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need information for emergency contact people for QH. .**
- ☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **SF needs and update and QH needs an emergency authorization signed.**
- ☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: EL.**
- ☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **Need for: QH.**
- ☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: SF.**
- ☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need for: QH.**
- ☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. **You need written permission every time you leave the premises. The underlined items must be addressed each time. I suggest you use a general permission request and include per the monthly calendar. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed. Any special activities can be added to the calendar.**
- ☐ 110.5(9) The provider meets the following requirements:
- ☐ 110.5(9)d Is present at all times, except if emergencies occur or an absence is planned. **Provider admits to having other people care for the children when she's had to pick up other children or go to a medical appointment. Provider agreed to no longer uses practice without having them approved as a substitute provider.**
- ☐ 110.5(9)d If absence is planned, care is provided by a DHS-approved substitute. **Provider has had unapproved substitute providers caring for the children in the past. Provider agrees to now obtain prior approval before they can start providing any child care.**
- ☐ 110.5(9)d If absence is planned, the parents are given at least 24 hours prior notice. **Has not done this, as has had unapproved subs before without 24 hours..**
- ☐ 110.5(10) Substitutes
- ☐ 110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute. **Need for: all children who are in care when a substitute is left in charge.**
- ☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period. **Unknown as has not been documenting this**

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need for every time you use a substitute provider.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Irene Holzwarth
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).